

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097446996** FILING DATE

APPLICANT(S)
097446996

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		2
4	1		1		1	
5	1		1		1	
6		1		1		1
7		1		1		1
8		1		1		1
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10	1		1		1	
11	1		1		1	
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TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.		1		1		1
TOTAL CLAIMS	1	2	1	2	1	2

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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